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		(Trans	& FRADE IN				(Depositor's name)
			S TOURS TO				(Signature)
							(Date)
APPLICATION NO	PPLICATION NO. FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/692,416 TITLE OF INVENTION SIMPLIFIED MET	10/23/2003 ON: HOD FOR LIMITING CL		Anthony Gus Aipperspa	ach	AUS920	0030577US1	8492
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	05/29/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ALMO, F	CHAREEM E.	2816	327-172000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Stephen J. Walder, Jr.  2 Diana R. Gerhardt  3 Robert M. Carwell				
3. ASSIGNEE NAME	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or to	ype)			
PLEASE NOTE: U recordation as set f (A) NAME OF AS	Jnless an assignee is iden orth in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	•	patent. If an assigned assignment.  Y and STATE OR C			cument has been filed for
Please check the appro	opriate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🗹 Co	rporation o	or other private gro	up entity Government
4a. The following fee( ☑ Issue Fee ☑ Publication Fee ☐ Advance Order	(No small entity discount	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0447 (enclose an extra copy of this form).					
a. Applicant cla	Status (from status indicate sims SMALL ENTITY state	tus. See 37 CFR 1.27.	b. Applicant is no lo				
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Authorized Signate	ire Stephen )	Valely		Date 000	130 197 S7FW	12007-	<u>09044/ 10</u> 692416

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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